

For Eligible Employees of the United States Government only. See instructions reverse side.

To The War Agencies Employees Protective Association  
1040-43 Washington Bldg., 15th & New York Avenues, Washington 25, D. C.

I, \_\_\_\_\_ (full name typed or printed) hereby make application for membership in The War Agencies Employees Protective Association.

I understand that if admitted to membership I shall be eligible to apply for Group Life Insurance under the Group Contract issued to the Association by The Equitable Life Assurance Society of the United States and I hereby apply for the amount of insurance for which I shall become eligible under the Group Insurance Plan. For purposes of becoming insured I certify that I am actively at work and in good health on the date of this application and eligible for membership under the rules of the Association and have not attained the age of sixty (60) years.

I was born year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ I designate as my Group Life Insurance beneficiary  
Primary \_\_\_\_\_ Relationship \_\_\_\_\_  
(*Mary Smith Jones—not Mrs. John E. Jones*)  
Home Address of Insured \_\_\_\_\_

NOTE: If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the member; if no such beneficiary survives, payment will be made in accordance with the terms of the policy.

You may elect to have the proceeds of your Group Life Insurance becoming due under the Group Insurance certificate as a member of The War Agencies Employees Protective Association payable, in a single sum, or in a variety of installment options offered by the Equitable Life Assurance Society. Write us for details.

My salary is \$\_\_\_\_\_ Salary classification determines amount.  
Date of overseas assignment \_\_\_\_\_

### PLAN OF INSURANCE

AGE GROUP	BASIC SALARY	AMOUNT OF BASIC POLICY	CURRENT DIVIDEND*** ADDITIONS		TOTAL COVERAGE	COST PER MO.*
			Life Insurance	Accidental Death Benefit		
Up to 40 incl.	Less than \$3,200.....	\$ 5,000	\$1,000	\$ 7,500	\$13,500	\$4.17
	3,200 and over.....	10,000	2,000	15,000	27,000	8.33
41-50 incl.	Less than \$3,200.....	\$ 5,000	\$1,000	\$ 7,500	\$13,500	\$5.21
	\$3,200 and over.....	10,000	2,000	15,000	27,000	10.42
51-60	Less than \$3,200.....	\$ 5,000	\$1,000	\$ 7,500	\$13,500	\$6.25
	\$3,200 and over.....	10,000	2,000	15,000	27,000	12.50

\* In addition an initial \$2 membership fee is required.

\*\*\* The established policy of the Association has been to liberalize benefits for members as fast as favorable experience warranted. We have followed a conservative policy so that when any action has been taken it seemed

reasonably certain that benefits once declared could be maintained indefinitely into the future. No benefits heretofore granted have ever been retracted.

**METHOD OF PREMIUM PAYMENT:** In every case the applicant is required to make an initial quarterly payment together with a \$2.00 membership fee.

**ELIGIBILITY:** Membership and Group Life Insurance is offered to:

1. All employees of American citizenship now outside the continental limits of the United States, wherever domiciled.
2. All employees located in the United States now in training for duties abroad or awaiting transportation.
3. All supervisory or administrative employees located in the United States who in the normal course of their duties are required to make trips abroad.
4. Directors of training programs for such employees.

Membership is limited to individuals in the above classes who are actively engaged as employees of the U. S. Government. You become insured as of the date you apply.

Applicant sign here \_\_\_\_\_

(Print Full Name Here)

Name of Agency or Dept. of Govt.

Date signed \_\_\_\_\_

Name and address of person to whom certificate is to be sent:  
(Permanent reference point within United States unless otherwise indicated)

Be sure and sign medical statement on reverse side.

Eligibility of applicant must be certified by Personnel Officer, Head of Mission or Superior Officer

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature of Certifying Officer

**EMPLOYEE'S STATEMENT OF HEALTH** Submitted in connection with Group Insurance Application to  
THE WAR AGENCIES EMPLOYEES PROTECTIVE ASSOCIATION.

APPLICANT 1. Approved For Release 2002/03/20 : CIA-RDP57-00384R000500120019-6

Do not use ditto marks or dashes

2. a. What is your height in shoes? ..... ft. ..... in.		b. What is your exact weight in ordinary clothes? ..... lbs.
3. a. Have you ever been advised to have a surgical operation? ..... YES OR NO		c. Have you ever been in a sanatorium, hospital, asylum, or other institution for observation, diagnosis, treatment or operation? ..... YES OR NO
4. Have you now or have you ever had or been treated for: a. Arthritis, St. Vitus' dance or chorea? ..... b. Rheumatic fever, heart trouble, pain in the chest, shortness of breath or high blood pressure? ..... c. Apoplexy, paralysis, epilepsy or fits, dizziness or fainting spells, or any mental or nervous disorder? ..... d. Asthma, tuberculosis, pleurisy or blood spitting? ..... e. Disease of blood or glands? ..... f. Duodenal or gastric ulcer; gall-bladder colic or stones; kidney disease or colic, stones or gravel; piles; or prostate trouble? .....		g. Albumin, sugar, pus or blood in the urine? ..... h. Anemia, cancer, tumor, growth, goitre, diabetes, gout or syphilis? ..... i. Physical deformity or hernia? (If so, do you wear a brace or truss?) ..... j. Any other illness or injury not mentioned above? .....
<b>FEMALES:</b> k. Any menstrual disorder or symptom of disease of breast or other female organ? ..... l. Are you now pregnant? ..... m. Were pregnancies and labors abnormal in any respect? .....		
5. If any question under 3a to 4m inclusive is answered "Yes," give complete details including dates, duration, results, etc.:		
6. Have you consulted or been treated by any physician, practitioner or specialist during the past five years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If "Yes," state details of each such consultation or treatment below.)		
NAME AND ADDRESS	REASON FOR CONSULTATION OR TREATMENT	DATE, DURATION AND RESULT

Has any life, health or accident insurer ever postponed or declined your application for insurance or reinstatement, rated you up, limited your coverage, cancelled your policy or withdrawn from your risk? ..... If so, give particulars; reasons, names of insurers and dates.

It is understood and agreed that the foregoing statements and answers are wholly true, and are offered to the Association as an inducement to grant the insurance for which application is hereby made. Furthermore, it is understood that the Equitable reserves the right to request that I be examined by a physician selected by the Equitable.

Witness to Signature

Date

**APPLICANT SIGN HERE**

Standard Allotment Form 1122, if available in your Agency, may be executed by applicants to provide for the payment of the group premium by allotment subsequent to the first quarterly cash payment.

Members may also pay for the insurance quarterly, semi-annually, or annually in advance by direct remittance to the Association. The allotment method is recommended to prevent possible termination for non-payment of premiums.

Should you pay your premium in advance and terminate your service with the United States Government any *unearned premiums will be refunded*.

On July 21, 1951, a dividend applicable to all members of the Association in good standing, and also new members approved subsequent to that date, was declared by the Board of Directors. Life Insurance contracts were increased by 20% of the face amount of the basic policy without extra contribution.

Also, an Accidental Death Benefit of either \$7,500.—or \$15,000.—corresponding to the salary classification determining the amount of your life insurance, was granted without additional cost to every member in good standing and also to new members approved subsequent to July 21, 1951. The beneficiary named by you for your group life insurance will be the beneficiary under the accidental death benefit unless otherwise designated by you. Individual certificates evidencing this coverage will be forwarded together with the basic policy to all insured members.

This additional coverage has been granted on a year to year basis but it is hoped and expected that this coverage will be continued through subsequent years. In any event every insured member will enjoy this additional coverage through July 20, 1952.

The maximum claim permissible will, therefore, be \$27,000.00 (\$12,000.00 Life Insurance; \$15,000.00 Accidental Death Benefit) under the upper salary classification; and \$13,500.00 (\$6,000.00 Life Insurance; \$7,500.00 Accidental Death Benefit) under the lower salary classification.

The Accidental Death Benefits are underwritten by the American Casualty Company of Reading, Penna.

Our booklets are distributed throughout the World through personnel offices of the U. S. Government. If none is available at your local station, please send your request to the War Agencies Employees Protective Association, 1040-43 Washington Building, 15th and New York Ave., N. W., Washington 5, D. C.

Protection may be continued so long as you continue your premium payments and are a member of the Association in good standing and the member continues actively employed in Government Service whether abroad or in the United States and until the insured attains the age of 65. This is a Mutual Non-Profit Association.

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